



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90132 049 \*\*\*150.00

<b>DOCUMENT # P02000028795</b> 1. Entity Name <b>THE OLD COLLIER GOLF CLUB, INC.</b>					
Principal Place of Business <b>3003 TAMiami TRAIL NORTH NAPLES, FL 34103</b>			Mailing Address <b>3003 TAMiami TRAIL NORTH NAPLES, FL 34103</b>		
2. Principal Place of Business <b>790 MAIN HOUSE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3003 TAMiami TRAIL NORTH</b> Suite, Apt. #, etc. <b>SUITE 400</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>59-3531571</b>	
Zip <b>34110</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORINA, ROBERT D 3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRR, JEFFREY 3003 TAMiami TRAIL NORTH NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATTS, SUSAN H. 3003 TAMiami TRAIL NORTH STE 400 NAPLES FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOOD, THOMAS J 3003 TAMiami TRAIL NORTH NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOOD, THOMAS J 3003 TAMiami TRAIL NORTH STE 400 NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CORINA, ROBERT D 3003 TAMiami TRAIL NORTH NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONRECODE, THOMAS E 3003 TAMiami TRAIL N NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>ROBERT D. CORINA</b> <b>4/30/04</b> <b>239-261-4455</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					